



Clerk of the Board of Supervisors

COB Ref No.

CLAIM FOR REFUND OF TAXES AND/OR PENALTIES PAID
(Revenue & Taxation Code Sec 5096, et seq)

Darlene J. Bloom

Clerk of the Board

10 Civic Center Plaza, Suite 465
Santa Ana, CA 92701

www.oc.ca.gov/cob/
(714) 834-2206

1 Please type or print clearly and sign in Blue Ink

Name and *Mailing Address* of claimant

Claimant: _____
Last First Middle

Agent Name: (If applicable) _____

Address: _____
Mailing Address City/ST/Zip

Phone No.: (____) (____) _____

Affected Property: _____
Orange County Assessor's Parcel Number(s) AND/OR Tax Bill Assessment Number(s)

2 Refund for Overpayment of Taxes Paid:

☐ I disagree with the decision of the Assessment Appeals Board. Application No(s). _____

☐ I overpaid my taxes on the above referenced property.

☐ Partial Refund ☐ Full Refund For Tax Year _____ to _____

Taxes were incorrectly collected for the following reasons: _____

☐ Backup documentation is provided Estimated Amount of Claim: \$ _____

3 Refund of Penalties for Late Payment of Taxes Paid:

☐ Penalty was applied in error on the above referenced property/bill.

Penalty was incorrectly collected for the following reason: _____

☐ Backup Documentation is provided Amount of Claim: \$ _____

I certify under penalty of perjury that the forgoing is true and correct.

Executed at: _____, California, this _____ day of _____, 20____

Print Name

Signature

INSTRUCTIONS

If you feel you are entitled to a refund of taxes and/or penalties paid under Revenue and Taxation Code Section 5096, et seq, you are required to complete this form and file it with the Clerk of the Board of Supervisors. You **MUST** pay your taxes or penalty prior to filing this claim. Once you have completed this form, mail or personally deliver it and all relevant evidence to:

Clerk of the Board of Supervisors
ATTN: Claims Division
Hall of Administration, Room 465
10 Civic Center Plaza
Santa Ana, CA 92701

Section 1

Type or print the name of the claimant, the agent or attorney (if applicable) and the mailing address you want all correspondence mailed. Provide telephone numbers where you can be easily reached if there is a question about your claim. Be sure to properly identify the affected property. Provide the Assessor's Parcel Number(s) which is available on all correspondence from the Assessor and/or the Tax Bill Assessment Number(s).

Section 2 – Refund of Property Taxes Only

If you are requesting a refund of Property Taxes paid, you must complete this section. Check the box(es) that apply and fill in the appropriate application numbers or tax years that apply. Be sure to adequately identify your reason(s) for filing this claim and include all evidence to support your claim. Once you have completed this section sign the claim form under penalty of perjury and return the completed form and accompanying documentation to the Clerk of the Board at the address shown above.

Section 3 – Refund of Penalty(ies) for Late Payment of Taxes Only

If you are requesting a refund of Penalties paid, you must complete this section. Check the box(es) that apply. Be sure to adequately identify your reason(s) for filing this claim and include all evidence. Once you have completed this section sign the claim form under penalty of perjury and return the completed form and accompanying documentation to the Clerk of the Board at the address shown above.

Signature

All claims must be signed by the claimant or claimant's agent. If signed by the Claimant's agent, be sure to print your name clearly. Signatures should be in blue ink to easily identify original claims.

If you have any questions, contact the Clerk of the Board at (714) 834-2206.